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U.S. District Court, Southern District NY  
Attn: Clerk's Office  
(Case Initiation Team, Pro Se & Appeals)  
40 Foley Square  
New York, NY 10007

Leonora Izerne  
as Power of Attorney for Martin Shkreli  
94-30 58<sup>th</sup> Ave. Apt. 5B  
Elmhurst, NY 11373

May 16, 2022

**Re: Docket 22-728 (FTC et al. v. Vyera et al.)**

Dear Clerk's Office,

I am writing on behalf of defendant Martin Shkreli in the matter of the Pro Se appeal forms related to Docket 22-728. Mr. Shkreli is due to be released from FCI Allenwood on Wednesday 5/18/22 to a halfway house, followed by the address listed above. As his Power of Attorney (enclosed for your reference), I am requesting that you please change the mailing address on file, accordingly – and mail all current and future correspondences, notices, and forms to this address.

Thank you very much.

Sincerely,



Leonora Izerne,  
as Power of Attorney for Martin Shkreli

**PENNSYLVANIA GENERAL DURABLE POWER OF ATTORNEY**

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE  
EVEN IF YOU BECOME DISABLED OR INCOMPETENT**

**NOTICE  
PURSUANT TO Pa.C.S. § 5601(c)**

**THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.**

**THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.**

**YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.**

**YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.**

**YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.**

**THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.**

**A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THAT YOUR AGENT IS NOT ACTING PROPERLY.**

**THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. Ch. 56.**

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Dated: 10/22/20



MARTIN SHKRELI

**PENNSYLVANIA GENERAL DURABLE POWER OF ATTORNEY**

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE  
EVEN IF YOU BECOME DISABLED OR INCOMPETENT**

**NOTICE:** THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. BEFORE SIGNING THIS DOCUMENT, CONSIDER ITS CONSEQUENCES. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, MARTIN SHKRELI ("Principal"), of Allenwood, Union County, Pennsylvania, appoint my sister, LEONORA IZERNE ("Agent"), to be my true and lawful Agent (attorney-in-fact) to act for me in any lawful way with respect to the foregoing.

**I specifically direct that this power of attorney survive, and be effective, during the period of any future mental or physical incapacity of mine or lack of legal capacity which may occur.**

1. **Scope.** My Agent may act for me with full power and authority to do and perform any and every act I might perform, including, but not limited to the following powers and authorities which I expressly grant:

A. To pay any and all bills, accounts and debts which may be due by me at any time, or to compromise or settle any of them on any terms.

B. To transact any and all business for me with any bank, trust company, credit union or other depository, including but not limited to the power to draw checks against and make withdrawals from and deposits to my bank accounts; to open a bank account on my behalf; and to accept and endorse any notes, checks or other monetary instruments.

C. To obtain all passwords and all identifying account information and to access all online accounts, e-mail accounts, financial records and bank statements owned or used by me, or to which I have access or have had access at any time. Additionally, my Agent shall have the right to access, use and control my digital devices, including but not limited to, desktop computers, laptop computers, mobile telephones and any similar digital device which currently exists or may exist as technology develops, solely for the purpose of accessing, modifying or controlling my digital assets.

D. To engage in stock, bond, and other securities transactions. Specifically, to purchase, sell, exchange, surrender, assign, redeem, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

2. **Term.** This Power of Attorney is effective immediately and will continue until the earlier of (1) when it is revoked or (2) December 31, 2022. This Power of Attorney shall be construed as a General Durable Power of Attorney and shall continue to be effective even if I become disabled, incapacitated, or incompetent.

3. **Choice of Law.** This Power of Attorney will be governed by the laws of the Commonwealth of Pennsylvania without regard for conflicts of laws principles. This Power of Attorney was executed in the Commonwealth of Pennsylvania and is intended to be valid in all jurisdictions of the United States of America and all foreign nations.

4. **Reliance By Third Parties.** I agree that any third party who receives a copy of this Power of Attorney may act under it. Revocation or termination of this Power of Attorney is not effective as to a third party until the third party learns of the revocation or termination. I agree to indemnify and hold harmless any third party for any claims that arise against the third party because of reliance on this Power of Attorney.

\* \* \* \* \*

I am fully informed as to all the contents of this Power of Attorney and understand the full import of this grant of powers to my Agent. I hereby ratify and confirm all that my said Agent shall do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, and intending to be legally bound, I, MARTIN SHKRELI, Principal, hereunto subscribe my name and acknowledge this instrument to be my Pennsylvania General Durable Power of Attorney on this 2nd day of October, in the year 2020.

  
\_\_\_\_\_  
MARTIN SHKRELI

#### STATEMENT OF WITNESSES

On the date written above, the Principal, Martin Shkreli, declared to me in my presence that this instrument is his Pennsylvania General Durable Power of Attorney and that he had willingly signed or directed another to sign for him, and that he executed it as his free and voluntary act for the purposes therein expressed.

  
\_\_\_\_\_  
Witness Signature

DRINKMAN VLADIMIR

Printed Name

LSCI Allenwood

PO Box 1000

White Deer PA 17887

Witness Address

  
\_\_\_\_\_  
Witness Signature

William Rutledge

Printed Name

LSCI Allenwood

Po Box 1000

White Deer PA 17887

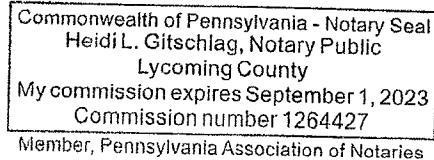
Witness Address

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

**COMMONWEALTH OF PENNSYLVANIA** :  
: *ss.*  
**COUNTY OF UNION** :

Subscribed, sworn or affirmed and acknowledged before me personally on this 22  
day of October in the year 2020 by **MARTIN SHKRELI**, and the witnesses,  
whose names appear above.

In witness whereof, I hereunto set my hand and official seal.



  
**NOTARY PUBLIC**

My commission expires: September 1, 2023

**ACKNOWLEDGEMENT EXECUTED BY AGENT**

I, LEONORA IZERNE, have read the attached Power of Attorney and am the person identified as the Agent for the Principal, Martin Shkreli. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in 20 Pa.C.S. when I act as Agent:

I shall act in accordance with the Principal's reasonable expectations to the extent actually known by me and otherwise, in the Principal's best interest, act in good faith and act only within the scope of authority granted to me by the Principal in the Power of Attorney.

I accept appointment as Agent under this power of attorney.

As Agent:

I shall exercise my powers as Agent for the benefit of the Principal.

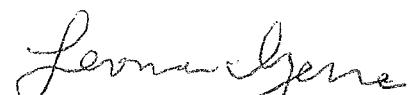
I shall keep the assets of the Principal separate from my assets.

I shall exercise reasonable caution and prudence.

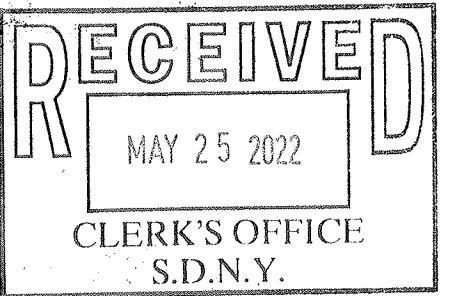
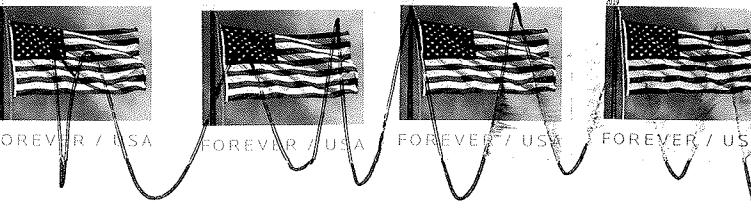
I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the Principal.

This certification and acceptance is made under penalty of perjury.

Dated: 11/30/2020

  
Leonora Izerne  
LEONORA IZERNE

Leonora J.  
94-30 581  
Elmhurst, NY 11373



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SDNY  
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40 Foley Square  
New York, NY 10007